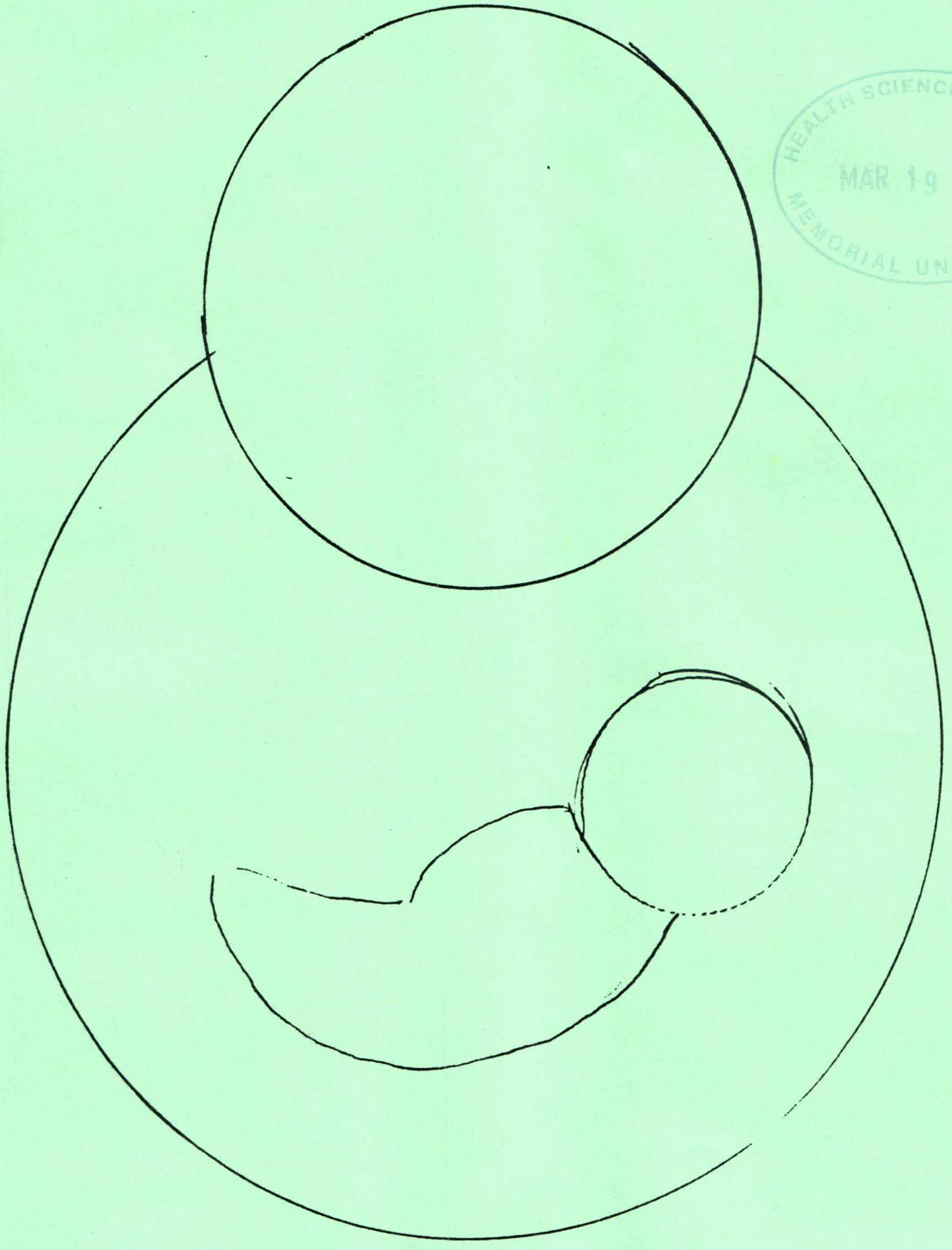
THE ALLIANCE OF MIDWIVES, MATERNITY AND NEONATAL NURSES OF NEWFOUNDLAND AND LABRADOR



Newsletter No. 15, March 1995

The Alliance of Midwives, Maternity and Neonatal Nurses of Newfoundland and Labrador

(A Special Interest Group of the ARNN)

Newsletter No. 15 (new issue) - March 1995

1995 - International Year of Tolerance

Over the past year the Newsletter Editor has endeavoured to meet the requests of members. A Conference Calendar was started in April 1994. Lists of resource materials were requested and have also been provided: a list of journals (April 1994); films at the Health Sciences Library and at the Regional Health Units of the Newfoundland Department of Health (June 1994); National Film Board films, films at the S.A. Grace General Hospital Nursing Library, video films at Planned Parenthood, books at Memorial University Health Sciences Library and Queen Elizabeth 2 Library (July 1994). Questions were asked about the past history of the Alliance and so four chapters have been provided under the title of "Chapters from the Past - The Birth of the Alliance". Chapter 1. Rebirth and Some Issues that Arose (1983) (July 1994); Chapter 2. The Progress During the Second and Third Years (1984-1985) (September 1994); Chapter 3. Growth in Spite of Setbacks (1985-1988) (January 1995); Chapter 4. To the 90s (1988-1992) (March 1995). A front cover was provided for the Newsletter starting with the July 1994 issue. The logo is the one which was used on the first Alliance Newsletters. Since 1992 the Editor has endeavoured to produce four issues of the Newsletter each year, as had frequently been requested in the past. Chapter 4 of the history given in this current issue concludes with information as to how the membership has varied over the years. However, the membership fee has increased very little and the cost of producing and mailing the Newsletter has changed little despite inflation. Any suggestions to improve the Newsletter would be welcomed. Contributions for the Newsletter are constantly required in order to provide relevant materials for the three groups shown in the Alliance title. Thank you to those who provided material for this Newsletter.

Is this your last issue of the Newsletter?
Have you paid your 1995 Membership fee?
A membership form is at the end of the Newsletter.

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"Friends of Midwifery" will meet Tuesday, March 28, 1995, 7 pm at the Health Sciences Centre, Room H2908. Special education meeting.

Nominations and/or a volunteer needed for President
The comments from members on the enclosed Constitution and By-Laws are required by April 25, 1995.
Past copies of ARNN Access and previous ARNN News are needed by the MUN Health Sciences Library. Contact Linda Barnett at 737-6676/6671

Executive Members

President: Cathy Wyse
Treasurer: Clare Bessell
Librarian: Bernardine Moyles
Secretary: June Cousens
Publicity: Janet Murphy-Goodridge
Newsletter: Pearl Herbert

Summary of Meetings

A General Meeting of the **Alliance** was held on March 9, at the home of Cathy Wyse. There were eight persons present and apologies from six persons including Clare Bessell the Treasurer. Matters arising from the September 22 Minutes were discussed. Some members had met at Cathy Wyse's house for a wine and cheese social meeting in December. A few members met in October to draft a Constitution and By-Laws for the Alliance. The Draft was then discussed at this March meeting and changes made to the wording to clarify the meaning. It was agreed that the Draft should be sent with the next Newsletter so that members can provide feedback. (See the January 1994 issue of the Alliance Newsletter for information about the ARNN SIG membership requirements).

About 25% of the members had returned the survey questionnaire regarding whether the Alliance should continue or should return to being two associations. Cathie Royle volunteered to take these to analyze and when this is done they will be circulated in an issue of the Newsletter.

A member has applied for the 1995 Alliance conference money. Cathy Wyse stated that although she was awarded $500 last year to attend the AWHONN conference she did not claim the money as she was able to obtain funding from another source.

As a Special Interest Group of the ARNN the Alliance members were asked to review the episiotomy skill listed in the Advanced Nursing and Medical Nursing Shared Skills. Only short notice was given for this request and a meeting of available members was held on February 27. However, we were too late. The February Council meeting approved the revision:

> Episiotomy (when appropriate, in the absence of a physician where delivery is imminent)

which was similar to the wording which we had submitted.

The ARNN 1995 Annual Meeting will be held in Corner Brook on June 4-5. Cathy Wyse will submit the annual report from the Alliance prior to April 1. Meetings of SIG can be arranged Sunday morning and evening. To be placed in the programme information is required by April 1. It was noted that there are no Alliance members in the Corner Brook area. Without information about who will be attending no arrangements could be made. Also without this information no plans could be made to have a poster display regarding the Alliance. **If any members are planning to attend the ARNN annual meeting please will they contact Cathy Wyse as soon as possible.**

There was discussion regarding the travel expenses for a midwife representative to attend the Canadian Confederation of Midwives 1995 Annual Meeting which is being held in Winnipeg. The money from midwives' membership fees are placed with the Alliance, as was the small profit from the "Midwives Today"

conference. Therefore, the midwives do not have any separate funds. Ann Lever attended the annual meeting in 1988 when it was held in Alberta. There are no Alliance minutes to show if anyone attended in 1989 and 1990. In 1991 and 1992 Pearl Herbert attended the annual meetings held in Montreal and Toronto respectively and was provided with travel expenses (see February 1991 Minutes). In 1993 both Kay Matthews and Pearl Herbert were able to obtain alternate funding to travel to Vancouver, and in 1994 the meeting was held in St. John's. There was a discussion as to whether the midwife representative should apply for the $500.00 from the conference allowance. It was agreed that funding for travel expenses will be available for this years CCM annual meeting but that policies regarding the future disbursement of funds need to be decided.

Cathy Wyse, the present president, will be moving from St. John's in June. A new president is therefore required but as there were only a few members present at this meeting the election of a president was tabled until the next meeting.

A meeting of **Friends of Midwifery** was held on March 8 at Janet Hiemstra's house. Discussion centred around the activities for this year and it was decided to make public education the priority.

SUMMARY OF ALLIANCE QUESTIONNAIRE from Cathie Royle
In the last issue of the Newsletter, several questions were posed regarding the future of the Alliance. Thirteen (13) responses were received and are summarized below:

QUESTION 1: Should the two Associations separate?
YES 5, NO 6, BLANK 2

QUESTION 2: If the Associations separated, would you join one or both?
YES 6, NO 4, BLANK 4

NB: Some people responded to both the Yes and No options by circling the words "one" or "both" on the questionnaire. The question may have been confusing and perhaps didn't clearly ask which group the member would join.

QUESTION 3: If the Association stayed together as the Alliance would you continue to be a member?
YES 11, NO 0, BLANK 2

COMMENTS:
The following comments were made in response to Question 1.
Those who responded YES indicated that:

- it was not in the best interest of midwives who are proposing an autonomous profession to be in association with nurses at this time;
- nurses do not join the Alliance because it is perceived as the midwives group (2) and there are prevailing anti-midwife attitudes within the group;
- the midwives could be members of a Midwives Association and the OBS/Neonatal nurses could be members of a nurses group; most other provinces have separate associations;
- if separate, the needs of both groups might better be met, however concern expressed regarding the number of members interested in supporting two groups;

- separation would enable the Midwives Association to concentrate on midwifery issues (2).

Those who responded NO indicated that:
- group should stay together for now until midwifery becomes more involved in the province;
- issues pertaining to membership are not all that different between the two groups, and although there is a movement towards midwifery, we are all concerned about the health of women and infants and improved reproductive health;
- if the trend in Newfoundland is towards nurse-midwifery, with both midwives and nurses working in the same setting, then it is important if both groups receive the same information to work well together;
- there are too few members to split at present.

Other comments that were expressed included:
- separation is not the only issue of concern with the Alliance. The group membership should be determined by the goals and objectives of the group, i.e. those interested in the health of women, infants and their families. Membership would then include any nurse, midwife or other (within the rules of an ARNN special interest group). Subcommittees of specific professionals such as midwives or caseroom nurses etc, could be formed on an ad hoc or standing basis if desired;
- each group has their own pressing issues, and particularly midwifery required much discussion at the meetings. If this was problematic, then separation is supported, however, combined interests would be lost;
- re abbreviation NLMA, one person added a comment that the midwives association not share the same initials as the medical association and suggests MANL as an alternative.

COMMENTARY from Cathie Royle
The results of this survey indicate that there is concern regarding the current structure of the Alliance while there is support for the association of professionals caring for women and their families. The predominant concern at present is midwifery, and this is influencing the members of the Alliance. There are several options the Alliance could consider in a review of its organization:
- the Alliance could maintain the "status quo" and continue to recruit members both to the Midwives Association and to the Alliance in general;
- the two groups could separate and operate individually;
- the group could be restructured as one group, not operating under any one or two titles.

Further discussion regarding the future of the Alliance must be planned. If you have comments or other suggestions please contact either Cathy Wyse (president) or Pearl Herbert (editor).

Term Prelabour Rupture of Membranes (PROM) Multinational and Multicentre Trial.
The Term PROM trial is being co-ordinated from the Women's College Hospital, Toronto, and centres in Canada, the U.K., Australia, Sweden, Denmark and Israel are collecting data. Research surrounding the management of care when a woman has PROM is controversial and this trial should provide a clear indication of the most appropriate management for the 8% of women who experience term PROM. The sample size is to be 4960 women. The three objectives of this trial are to determine if: a routine policy of induced labour with I.V. oxytocin results in lower (or higher) rates of serious fetal/neonatal infections, Caesarean section and women's satisfaction with method of care versus expectant management. A similar objective using induction of labour with prostaglandin E2 gel. The third objective a routine policy of induced labour with I.V. oxytocin results in lower (or higher) rates of serious fetal/neonatal infections, Caesarean section and women's satisfaction with method of care versus induction of labour with vaginal prostaglandin E2 gel. The women who meet the criteria are randomly assigned to one of four groups: labour induced with I.V. oxytocin; labour induced with vaginal prostaglandin E2 gel; expectant management but if induction of labour required use I.V. oxytocin; expectant management but if induction of labour required use vaginal prostaglandin E2 gel. Completion of the trial is expected to be the middle of 1995. (Information from Ms. Julie Weston, Trial Co-Ordinator, Term PROM Study Data Co-Ordinating Centre, Women's College Hospital, Toronto, ON M5S 1B2) (cited in Midwives, 108(1285), 47-48).

Aspirin in Pregnancy: Preventing Toxaemia and Poor Growth
The European Aspirin Foundation held a symposium in Stockholm in September 1994. "Aspirin: An Old drug for a New Century". At this session, Professor Henk Wallenburg of Rotterdam said that he advised pregnant women be told aspirin is safe, has a moderate effect in preventing toxaemia in women at low risk and has a marked effect in women at high risk. The results of the CLASP trial involving 10,000 women were reported in the October issue of the Midwives Chronicle. The relatively small benefit in the CLASP trial, according to Professor Wallenburg, was because the patients had a low-to-moderate risk of developing pre-eclampsia. Doctors were so convinced of the benefits of aspirin before the trial started that they would not put a high-risk patient in the trial, for fear she would be allocated to placebo. Smaller trials in patients at much higher risk gave much more favourable results. (cited in Midwives, 108(1285), 52, February 1995).

Did You Know?
The Midwifery Research Database, MIRIAD, and Professor Mary J. Renfrew have moved and are now based in: Midwifery Studies, Institute of Epidemiology and Health Services Research, Research School of Medicine, University of Leeds, 24 Hyde Terrace, Leeds LS2 9LN, U.K. Fax: 011-44-1532-336872.

RCM Position Statement on The Use of Water During Birth
The use of water for both labour and delivery is currently unevaluated, therefore the RCM cannot confirm that waterbirths are safe or not. Requests for waterbirths are on the increase and many women and midwives see the use of water during labour as a reasonable alternative for both pain relief and delivery.
The RCM believes that it is entirely appropriate that midwives should gain competency in new skills as laid down by the UKCC Code of Practice to ensure that women are offered a full range of choices in their care, including labour and delivery in water.
In preparation midwives should ensure that they read as much as possible about the use of water in labour so that they are adequately prepared to provide this alternative therapy. They must also be prepared to adapt their practice in the light of any new findings and ensure they are sufficiently informed to advise women wishing to use water for labour and/or delivery.
The RCM recognises that NHS trusts and hospitals will wish to develop policies and protocols for the use of water during labour. The RCM believes it is imperative that midwifery staff, with the supervisor of midwives, are fully involved in the development of such policies. This will ensure that women have genuine choice and professional practice is not compromised.
(This is taken from the Royal College of Midwives Position Paper No. 1, and is available, free of charge, from the RCM Policy Dept., 15 Mansfield Street, London W1M 0BE. The UKCC position statement on waterbirths, dated October 1994, is available from the UKCC, 23 Portland Place, London W1N 3AF. Cited in Midwives, 108(1284), 12, January 1995).

Failure to Thrive Breastfeeding Assessment from a tape of a talk by Chele Marmet at the 1993 Conference of the International Lactation Consultants Association. Submitted by Pamela Browne. (Any questions should be addressed to Pamela at: P.O. Box 112, Station A, Goose Bay, Labrador A0P 1S0, or telephone: 709-896-2087)
Causes of Failure to Thrive
Starvation. Normal weight gain is 1 to 2 lb a month, in a failure to thrive baby 2 to 3 oz a week is alright. Birth weight should double by 4 to 5 months and triple by 12 months. Breastfed babies usually grow faster in the first 3 months, then plateau and grow more slowly than average, so that they become leaner at about 18 months. **It is important to differentiate between slow weight gain and failure to thrive.**
Slow weight gain. A baby who is gaining weight slowly looks thin but is well, has good skin turgor, is contented and happy, makes eye contact, is developing normally, milestones are on target, and has normal growth of head circumference and length. Slow to gain weight could be familial or because baby is extremely active and therefore is burning more than average calories per day.
Growth faltering baby. The signs and symptoms of a growth faltering baby are that the baby continues to lose weight 10 days after birth; does not regain birth weight by 2 to 3 weeks old; does not show weight gain if not receiving supplemental feedings; mother

says that she does not have enough milk. These babies need supplements e.g. supplementary nursing system feedings, but this will decrease breast milk production unless the breasts receive extra stimulation. The problem of growth faltering can be prevented by evaluating breastfeeding around 2 postpartum weeks.

True failure to thrive. The definition is that there is failure of growth (height and weight for age), or below third percentile on the growth chart, usually accompanied by developmental delays.

Assessments include: is baby healthy and normal? Is mother healthy and normal? Does she have sufficient mammary tissue? Was initiation of lactation adequate? What is her psychological state? What was her pregnancy like? What was her breastfeeding duration, including frequency, complementary feedings, one or both breasts used at each feeding? Is the milk transfer efficient? Was she separated from the baby after birth? When was the baby first breastfed? What is baby's breastfeeding technique like? What is the mother's breastfeeding technique like? Is the milk ejection reflex present?

The history needs to include the above issues plus the mother's history, the baby's birth history and the weight and growth record. **PLUS** watch and assess an entire breastfeed with the baby's clothes removed.

Signs and symptoms of failure to thrive. The baby is very thin, has poor skin turgor, lethargy, poor tone, poor weight gain. The head circumference and length are usually adequate. When watching a breastfeed the baby often uses a non-nutritive suck. Many failure to thrive babies breastfeed with their eyes closed as if concentrating. **RED FLAG** if the baby breastfeeds around the clock, and is constantly at the breast. Although may appear content is not smiling or cooing. Some failure to thrive babies sleep much in order to escape hunger and conserve energy, even 8 to 14 hours at night in first 1 to 2 months which is not typical of a breastfed baby. These failure to thrive babies may be described as being "good babies". Normal urine output is 6 to 8 wet cloth diapers or 4 to 6 wet disposable diapers per day. The normal stool is yellow with curds with each breastfeed in the first 2 months. When a baby starts to fail to thrive there is often sufficient urine passed but insufficient stool. **RED FLAG** if there is less than one stool a day. Some babies eventually reject the breast because breastfeeding is so frustrating. **A frustrated baby arches and pushes off the breast.** Marmet has noticed that failure to thrive babies either sleep a lot or breastfeed a lot. However, once treatment has begun their behaviour changes drastically. If they are hungry they shriek for food. It is unknown whether this new behaviour is long lasting or if it effects later development. Mothers of failure to thrive babies often have little family support, increased isolation, lack of a nurturing background, with over-stressed mother (many children) and father who was often absent or ineffective.

Infant problems which can cause failure to thrive. Baby can have sucking problems e.g. hunching tongue, weak suck, flutter suck. There can be oral abnormalities e.g. receding chin (treatment

is to breastfeed in lateral or prone position). There can be a "bubble palate" where there is an indentation in the upper palate in which the nipple can get caught resulting in the mother having sore nipples and a decreased milk supply. The palate can be high and narrow. A channel palate is common in premature babies who have been intubated especially if for a long time. A tight frenulum causes friction on the mother's nipples and the baby is unable to strip the areola properly resulting in decreased breast milk and failure to thrive. Cutting the tongue tie is very simple and if it starts to bleed putting the baby to the breast stops the bleeding immediately. Any illness needs a complete physical examination with urinalysis and blood tests; a low grade illness is easy to over look. If the baby began breastfeeding very well but at some stage later starts to fail to thrive an ear infection should be suspected; as it hurts to suck. In failure to thrive in older babies 50% of them have an underlying illness and/or infection; in neonates 8% have an underlying illness.

The baby may have an allergy sensitivity; being sensitive to what the mother was eating. Cow IgG antibodies are often present in breast milk. They are more protected than other antibodies from maternal digestion and therefore survive the processing into breast milk. This can explain why some breastfed babies have colic. Also it takes 10 to 14 days for those allergens to be removed from breast milk, therefore, the mother must remove all cows milk products from her diet for 10 to 14 days. **The tongue is a muscle and as allergens can effect muscles causing weakening, they can weaken the sucking resulting in failure to thrive. RED FLAG** if baby's hair stands up on end. Allergens can produce low tone in baby or high tone and arching at the breast. Some babies can be sensitized in utero. Assessing allergies can often be trial and error as birth defects e.g. cardiac problems, often results in the babies having a weak suck. Cleft palate, even a tiny cleft, can cause problems because it makes maintaining a negative pressure difficult.

The baby may have a neuro motor problem, either hypotonia or hypertonia. A baby with hypotonia is very difficult to work with as there is poor sucking and hence failure to thrive. A hypertonic baby arches away from the breast. The reason for arching away from the breast needs to be investigated. The baby needs to have an allergy assessment. If because of allergy reasons the baby eventually learns to like being at the breast, but if because of hypertonia helping the baby can be very difficult and often no resolution is found. Both hypotonic and hypertonic problems when breastfeeding interfere with the bonding process. Sometimes these babies breastfeed better at night when sleepy and relaxed. They often have to be given supplements to ensure that they gain weight and thrive. There can be minor or major neuro-tonic problems. If minor the treatment is to teach suck training and positioning (fetal or flexed position whichever is better). If there are severe problems then the baby needs to be seen by the physician, however, the baby will always progress better if breastfed, even if the breasts have to be pumped and expressed breast milk given by the

supplementary nursing system to stimulate the milk supply.

Maternal problems which can cause failure to thrive. There may be maternal problems due to infrequent breastfeeding; poor breastfeeding techniques; poor latching-on. The baby needs to lead the breastfeed not the mother. These issues need to be eliminated before carrying out other investigations for failure to thrive.

Primary maternal failure. A maternal reason may be from surgery with innervation of the nipple; abscess incision especially on the areola. Breast implants can lower the success of breast feeding. Women who have had implants may be able to breastfeed but with the new information on immuno-suppressed diseases related to implants it is questioned how safe this is for the baby. Peri-areola incision usually causes problems because of nerve damage. Reduction surgery causes more problems than augmentation except if peri-areola incision is used during augmentation surgery. However, it is possible for breastfeeding to be 100% successful after reduction surgery but a baby may fail to thrive and therefore need supplementing. Insufficient mammary tissue is very rare.

The signs and symptoms include breasts that are wide set, like goats udders, and little or no breast growth in pregnancy and little or no engorgement postpartum. Insufficient calories in the mother's diet as she needs at least 1300 calories a day and less can result in decreased milk volume. Insufficient fat in the mother's diet e.g. the mother is weight/health conscious, as lack of fat may result in the baby being slow to gain weight but it is not usually failure to thrive. Treatment would be to increase the calories and/or fat in the mother's diet and then the baby's weight will increase.

Secondary lactation failure. Maternal illness e.g.influenza, may decrease the mother's milk supply but when the mother is ill the baby usually increases sucking to increase the milk supply. Mastitis may decrease the milk supply. Hormonal problems such as retained placenta products; hypothyroidism; prolactin insufficiency. Peter Hartman's research is showing that prolactin is very important in the early postpartum, at the beginning of lactation, but then is of questionable importance once lactation is established because lactation has been shown to be autocrine NOT endocrine. Hypopituitarism results in failure of the milk ejection reflex. Sheehan's syndrome results in insufficient milk. Drugs such as the oral contraceptives (except the mini-pill); anti-histamines; diuretics; parlodel; smoking; decrease the milk supply. The effect of smoking is especially important if the baby is premature. There is a question as to whether or not the nicotine patch is safe, however, it would logically be better than smoking. Drugs used during labour and delivery can result in a sleepy baby and a poor start to breastfeeding. Extreme maternal weight loss, as when dieting, can also result in decreased milk production.

Supplementation. To calculate: 2½ x baby's weight in oz = oz that babies needs in 24 hours, divide by number of feeds a day to get amount per feed.

Supplementary nursing system will feed baby at the breast, but does not correct a sucking problem. Feeding from a cup does not

train the baby to suck correctly but it is a good tool. Marmet tends to use a syringe at the breast or a finger. Therefore, the adult rewards the baby with milk when the baby is sucking well. It is best to express the mother's milk and then use the expressed milk. If the mother's expressed breast milk is unavailable then breast milk from a milk bank could be used. The last milk to use is artificial formula. The baby may need a schedule at first.

To breastfeed an adopted baby the supplementary nursing system is not recommended because the baby's suck is often only just strong enough to get the milk from the supplementary nursing system but does not stimulate the breast enough for her to provide the milk. The adoptive mother can usually build a milk supply with double pumping and perhaps using a periodontal syringe.

The supplementary nursing system is alright for short term management, to get the baby over the hump if a simple problem e.g. baby needs to realise that good sucking gives milk and so helps the baby to get organized. For a long term problem of weeks or months, the supplementary nursing system is not a good solution.
(The supplementary nursing system consists of a plastic bag (which the mother can hang around her neck) with a tube which can be placed alongside the mother's nipple, or alongside her finger if she is finger-feeding. It looks similar to an I.V. bag and tubing).

International Lactation Consultant Association Announces 1996 Manuscript Competition. Entrants need not be members of the ILCA. Students are encouraged to enter.

The ILCA is sponsoring a competition designed to identify outstanding manuscripts relating to human lactation or breastfeeding in 1996. Authors may enter one of two categories: a Literature Review competition or a Research Paper competition. The winner in each category will receive $500.00 US: winning manuscripts will be published in the Journal of Human Lactation. Entrants need not be members of the ILCA. Students are encouraged to enter. Competition in the Research Paper competition is open to published or unpublished authors; the Literature Review competition is limited to currently unpublished authors. The postmark deadline for entry in the 1996 competition is **January 5, 1996**. To obtain guidelines for submitting a manuscript for consideration in the competition, send a self-addressed (and stamped if US) envelope to: K. G. Auerbach, PhD, IBCLC, Editor-in-Chief, Journal of Human Lactation, 1996 Manuscript Competition, Dept. PH, 2240 Willow Road, Homewood, IL 60430-3221, USA.

Church of England Questions Nestle's Baby Food Marketing Techniques

The Board for Social Responsibility (BSR) of the Church of England (Anglican) considers that there are still question marks over free and subsidised supplies of baby food to the Third World. The BSR is asking UNICEF and the WHO for a clear statement on the situation. BSR has received conflicting information from the International Baby Food Action Network and Nestle on the issues. It has also received a number of expressions of concern from church members, charities and the general public.(cited in Midwives, 108(1285), 63)

<u>Midwives and Changing Childbirth</u> by Irene Walton & Mary Hamilton. (1995). Haigh & Hochland, 174A Ashley Road, Hale, Cheshire WA15 9SF
ISBN 1-898507-15-5 (£12.44) (Fax: 0161-929-1818)

The following is a summary of the contents of this 110 page book. Although it is about the British system it contains information which should be considered when contemplating maternity services and a midwifery programme in any location. The first chapter shows how the trend for hospital births developed. The rest of the book provides the findings from the <u>Changing Childbirth. The Report of the Expert Maternity Group</u> (Department of Health, 1993) and their recommendations to correct the errors made by the previous Committees.

<u>Chapter 1. Background</u>. In 1942 the Beveridge Report recommended "the provision of a comprehensive health service". The National Health Act was passed in 1946 and implemented in 1948. When the Guillebaud Committee (House of Commons, 1955-1956) was reviewing the cost of the Obstetric Service under the new National Health Service they found that the Maternity Services were in a state of confusion. The aim was to provide obstetric beds for all women who needed or would accept institutional confinement. The Maternity Services Committee was then set up under the Earl of Cranbrook (1959) to review the organization of the maternity services and the recommendations included that there should be a 70% hospital confinement rate, but the midwife had the right to participate fully in the maternity care of the mothers. Ten years earlier the Stocks Committee (1949) had stated that there were differences between the midwife and the nurse. The midwife was a practitioner in her own right, who spent most of her time caring for mothers and babies, whereas the nurse worked under the instructions of the doctor and her main focus was on illness and the care of the sick. The Peel Report (Maternity Advisory Committee, 1970) recommended that small isolated obstetric units should be phased out and be replaced by consultant/general practitioner units in general hospitals and that there should be a 100% hospital confinement rate. The Short Report (House of Commons, 1979-1980) on Perinatal and Neonatal Mortality recommended that better use be made of the midwife's skills and that home births should be phased out. Following the Short Report the Government set up the Maternity Services Advisory Committee which produced three Maternity Care in Action reports - Part 1 Antenatal Care (1982), Part 2 Care During Childbirth (1984), Part 3 Care of the Mother and Baby (1985) which were then used as guidelines in order to improve the standards of maternity care. The reports maintained that hospitals were the best place for birth. This was not agreed by everyone including Marjorie Tew (Safer Childbirth, 1990). Tew used statistics to show that there was not a causal relationship between the fall in the perinatal mortality figures and hospital confinement. (In Britain in 1900 the infant mortality rate was 154 per 1000 live births and in 1934 the maternal mortality rate was 4.6 per 1000 births. In 1990 these figures were 8.4 and 0.081 respectively).

The Association of Radical Midwives (ARM) was formed by midwives who were frustrated with the lack of support for midwives as autonomous, accountable practitioners in their own right, and the lack of continuity of care to the mothers. The Vision (1986) contained the following basic principles of care:

That the relationship between mother and midwife is fundamental to good midwifery care;
That the mother is the central person in the process of care;
Informed choice in childbirth for women;
Full utilization of midwives' skills;
Continuity of care for all childbearing women;
Community based care;
Accountability of services to those receiving them;
Care should do no harm to mother and baby

The ARM identified the medical model of care as being the main impediment to the delivery of team midwifery and a "midwifery led" service.

The ARM's principles were used as a guide for the Winterton Report (House of Commons, 1991-1992). This Report came to the conclusion that hospital births could not be justified on the grounds of safety and that maternity services should not be based on a medical model of care and unproven assertions. Evidence was collected from women and from the Royal College of Midwives (RCM), the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of General Practitioners (RCGP). The Committee considered that the Colleges seemed to be more concerned with which group should have control over the maternity services. Most of the RCOG submissions did not cite continuity of care or mothers' satisfaction as criteria for good maternity care. The Winterton Committee viewed the back-up services and considered that these were essential for the overall success of maternity services. They also recommended that the three Maternity Care in Action Reports (1982, 1984, 1985) be withdrawn. Midwifery should be afforded the same rights as other professions over the control of its education; there should be a midwifery research funding body; that the needs of mothers and babies be central when planning maternity services; and that women be given information so that they can make informed decisions about the options for care.

Chapter 2. The 'Changing Childbirth' Report - An Interpretation

The Government's response to the Winterton Report (House of Commons, 1991-1992) was to set up an Expert Maternity Group, with Lady Cumberlege as the chairperson, to review policy on NHS maternity care, particularly childbirth, and to make recommendations. Three key principles were identified: Appropriate care, Accessible care, Effective and Efficient services. The Group agreed that care should be women centred, safe, that the woman knows her midwife, midwives be able to admit women in labour to hospital maternity beds, antenatal classes suit the needs of the women, sufficient information be provided about screening tests. The Group also found that fetal assessment units were not properly evaluated and recommended that this be done before others be

opened. It was found that 72% of women would like to have the choice of a different system of care and where to give birth. Many women liked the option of the "Domino" scheme where the known midwife goes to the hospital with the woman and then takes her and the baby home after the birth. Emergency services, with clear guidelines, should be established and supported by general practitioners and obstetricians who will give advice and help as needed. If a transfer is required then mothers and babies should not be separated, and when a multiple birth the siblings should also be kept together.

In general GPs were very involved in antenatal care but had little involvement with labour. Many GPs are reluctant to refer women to GP/midwife-led units. Midwives were concerned that the GPs received fees for providing antenatal service which they did not personally provide, but only ensured that care was provided. The Group recommended that this matter, including the obstetric list, be reviewed.

The Group acknowledged the midwife's role in the management of normal childbirth and the continuing responsibility of the midwife to work with the doctor if matters became complicated. Some obstetricians would like to spend more time with mothers who have complications and so the changes should enable this to happen. The obstetrical senior house officers should be placed in the role of learner and experienced midwives may become more involved in the formal training of these house staff.

To bring about the changes there needs to be co-operation between those who pay the health costs, the consumers, and the providers. The consumer groups should also take an active part in the process.

Chapter 3. The Mothers as the Focus of Care. The Expert Maternity Group (Department of Health, 1993) identified that the model of care for childbearing is often more relevant to illness than to a physiological event. The prevalence of the medical model is seen in the scoring systems used to identify pregnancies at risk. The outcomes concentrate on the fetus/baby and do not consider those of the woman. As part of the antenatal classes it may be appropriate to include assertiveness training so that the women can request information, make relevant decisions, and in the process increase their self-esteem.

Chapter 4. Challenges to the Medical Practitioners. Obstetricians and GPs are provided with the opportunity to deliver their expert skills in the most flexible and appropriate manner to ensure that women who need or require their skills have access to them. Using elaborate risk scoring techniques to predict complications are not always accurate and are not proven to be of benefit. There is a danger that women will be subjected to treatments and interventions which have not been established to be of benefit, have unknown hazards, and result in unnecessary costs.

Chapter 5. Maternity Service Provision. Continuity of care that the woman receives should be consistent, reliable, and non-conflicting. This requires co-operation between all the professionals involved in care. Policies and protocols need to be developed and an agreed willingness by all of the professionals to follow them.

The model which best provides continuity of care is that which consists of both community and hospital midwives. A team approach can provide more continuity of care but midwives have to radically change their working patterns with longer shifts and continuing responsibility outside 'normal' working hours. If they are struggling to balance the demands of the job with the demands of home the quality of care will be affected. Other suggestions have been made, such as for primary and associate midwives. More midwives need not necessarily cost more money to the health care system as more mothers could be cared for at home and so less hospital beds would be required.

Chapter 6. Implications for Practice and Supervision. Supervisors set standards, facilitate practice and provide support for the midwife. The Changing Childbirth report considered that more in-service education was needed with communication skills.

In some areas the obstetric flying squad still exists but there are indication that they will soon be removed. They must be kept in operation until there is a fully functioning paramedic service so that there is a back-up service for the midwife. No other person should take on the role of a practising midwife, and paramedics should only be delivering a baby in an emergency. They should not undertake any other duties that are within the role of the midwife or the doctor. Any policies that are agreed for the paramedical service in relation to childbirth should be supportive of the midwife. The midwife makes the decisions and the paramedics must not argue against or override her decisions. The paramedic service can carry necessary drugs as in many locations it is often too dangerous for the midwife to carry these.

The midwife should be able to give all the necessary care to the woman and her baby. The midwife may need an up-dating programme to become proficient in all areas of midwifery care, especially if she has spent much time working in only one area.

Chapter 7. Purchasing and Contracting Issues. Clinical grading is a major problem because it is designed for nurses in a hierarchical set-up, not for midwives who can take on the role from the point of registration.

To be effective the maternity service must be costed with efficiency and quality care as the goals. Inter-professional rivalries cannot exist in determining the allocation of resources.

Chapter 8. Research and Education. All courses should be midwifery led, and practice should be integrated and applied to all aspects of the curriculum. Subjects which underpin midwifery practice should be delivered by specialist lecturers with midwives, either teachers or practitioners, teaching midwifery and the relevance of

specialist subjects to practice. However, midwives may be able to teach these specialised subjects as there must be sufficient knowledge of the original subject in order for the teacher to apply the theory to professional practice. As a profession, midwives have the right to control and assess their education. If control is lost of the education then control is lost of the profession (Brain cited in Warwick, 1992). Teachers must be able to demonstrate at an advanced level a knowledge of theory and practice. Stress can occur if the teacher has to deal with a conflict between the needs of the learner and the needs of the woman.

In North London College of Health Studies (Dickinson, 1994) midwife teachers are committed to 45 days per year clinical involvement. This is divided into 25 days for student contact, 10 days for clinical support activities and 10 days for individual clinical practice (usually taken in one two-week block or two one-week blocks).

At present there are three main types of programmes of education and training for admission to Part 10 of the UKCC Register: a three-year course with academic credit at Diploma of Higher Education level; a four-year degree programme; and a 78-week programme for registered nurses also at diploma of higher education academic level. The UKCC's standards for education and practice following registration defines advanced midwifery practice "pioneering and developing of new roles responsive to changing needs and with advancing clinical practice, research and education (1994). Studies for advanced midwifery practice are likely to be at Masters level. The ARM (1993) has identified the need to develop skill and competency in the management of home births. A programme could be developed where those with the expertise of home births could share their knowledge and offer practical training and advice to colleagues.

There is a need for research not only to be undertaken by midwives but that midwives should have easy access to research data and reports, and also have the skills to appraise the reports. There are many funds available to midwives (in the UK) to assist with their research activities.

Spring Cleaning?

A Midwives Association has recently been formed in Romania where teaching and the practice of midwifery has all but died out. There are very few midwives left and UNICEF is offering support with conferences and a Women's Health Resource Centre in Bucharest. The centre urgently needs books and materials in English and French on midwifery, women's health, obstetrics, gynaecology, and related topics as long as they are not too old or out of date. Teaching materials, back issues of journals, educational materials for women, etc. are all welcome. Items can be sent to: Romanian Women's Health Resource Centre, University Hospital (Municipal), c/o UNICEF, Str Olari 23, 70317 Bucharest, Romania.

Past copies of <u>ARNN Access</u> and previous <u>ARNN News</u> are needed by the MUN Health Sciences Library. Contact Linda Barnett at 737-6676/6671

Chapters from the Past - the Birth of the Alliance

Chapter 4. The 90s, the end of the first decade

The Minutes for meetings held in 1988 are missing. The Winter 1988/1989 Alliance Newsletter contained a report of the Fall 1988 workshop held at the Park Plaza Inn in St. John's. Janet Harris from Scarborough Century Hospital led the Special Workshop on Family-Centred Maternity Care and Combined Care on October 21st. Of the 36 people who completed the evaluation form 21 were Alliance members.

An Executive Meeting was held at 1600 on March 11, 1989, at Kay Matthews' house. Present were Kay Matthews, Karen Olsson, Karene Tweedie and Cathy Wyse. Karene expressed that she felt "out of touch" with the Canadian midwifery issues. It was agreed that all relevant materials should be circulated to the other midwives and executive members.

Kay had sent the Canadian Confederation of Midwives (CCM) the membership fee (amount not stated). She suggested that in the future annual registration for midwives might be $15.00 to include $5.00 for CCM and $10.00 for the Alliance.

Future meetings were discussed and Dr. Young's "vision for perinatal care in the province" was suggested for the April 11 meeting.

Ideas for the Fall workshop were presented. The feedback from previous workshops had shown that practical information, that can be utilized in the everyday work situation, was preferred. A suggestion was that the workshop could be held in Gander. A meeting of the Alliance during the ARNN annual meeting was proposed.

There was $900.00 in the chequing account.

Karen had been contacted by NAACOG who were requesting an Alliance membership list, but those present expressed reservations about this.

The meeting adjourned at 1750.

There are no minutes for the General Meeting, held on April 11, 1989. Dr. David Young, perinatologist, had spoken on current trends in perinatology. A number of nurses attended the meeting as was reported at the next Executive Meeting.

An Executive Meeting was held on June 25, 1989. Dana Edge, Kay Matthews, Karen Olsson, Karene Tweedie, Cathy Wyse (secretary) were present. Apologies were received from Julie O'Hollaren.

The ARNN had asked the Alliance to develop a midwifery mission statement. There was a discussion regarding nurse-midwifery and direct-entry-midwifery for non-nurses. It was agreed that there was a place for both. It was decided to review some of the literature from other provincial associations concerning this subject before formulating a statement. Kay had compiled a folder regarding the midwifery issue.

Kay had sent the fees for seven members to the Canadian Confederation of Midwives (CCM) and a copy of the CCM summer 1988 Newsletter was distributed to those present. The CCM was asking for support for Quebec midwives for legislation of autonomous, self regulating, midwifery practice and a letter from the midwives in the Alliance was being sent.

The April 11, General Meeting was reported on. Kay had discussed the Fall workshop when at the ARNN conference in Gander. The Corner Brook nurses were enthusiastic about hosting the conference.

Members had voiced their concerns about the infrequency of the Newsletter. The last one was distributed at the Fall conference. Kay was going to check with Julie to see if there would be one ready to send right away and then another one for September.

There was then an Alliance Summer 1989 Newsletter.

An Executive Meeting was held on September 16, 1989. Present were Dana Edge (secretary), Kay Matthews, Karen Olsson, Karene Tweedie.

Plans for the annual Fall workshop being held in Corner Brook were discussed. The registration fee was $75.00 with $10.00 off for Alliance members attending the two days. Students would be free.

It was decided to start a new membership list with the Corner Brook workshop. A teleconference meeting was also suggested as a way of recruiting new members.

Plans for future meetings included a core executive groups with a larger advisory group. The December general meeting would be a social meeting, the March meeting would be a teleconference one, and the June meeting to coincide with the ARNN annual meeting. Executive meetings would be held in between these general meetings. The Alliance Newsletter should be distributed four times a year and contain a midwives corner. Names were suggested for nominations.

The financial account was $763.00 but Kay was owed a "substantial amount".

A General Meeting was held on November 22, 1989, at Kay Matthews' house. Ten people were present and there were four apologies.

The Fall workshop was judged to have been a success. The Corometrics Advanced Fetal Monitoring workshop was well attended and well received. Due to a lack of a quorum elections were not held. Nominations of the following were confirmed by acclamation: President: Cathy Wyse (but as she was out of town Kay Matthews would continue until April); Secretary: Karene Tweedie; Treasurer: Dana Edge; Newsletter Editors: Julie O'Hollaren and Pearl Herbert; Publicity Person: Janet Murphy-Goodridge.

The main goals for the 1989/1990 year included: the content and format of meetings, a spring public meeting with a guest speaker; Fall workshop; midwifery statement to the ARNN. A "literature club" format would be adopted. Regular meetings were planned for January, March, June with guest speaker, September,

October workshop, and possibly early December. The Fall workshop could possibly be at the time of two event already scheduled. In May St. Clare's Mercy Hospital were planning a breastfeeding workshop.

A General Meeting was held on January 24, 1990, at Kay Matthews' house. Fifteen people attended and there were two apologies. Kay gave a short update of the Alliance activities.

The Alliance was considering co-sponsoring a Fall workshop. The ARNN had contacted the Alliance regarding the Canadian Obstetric, Gynaecologic and Neonatal Nurses (COGNN) who wished to develop liaisons with the provincial nursing associations and CNA. It was decided that more information was needed before deciding on COGNN membership.

Kay had a copy of the Canadian Confederation of Midwives (CCM) constitution.

Pearl Herbert provided information on available literature. Clare Bessell provided information on some conferences being held in 1990.

There was then a discussion regarding the article: Thomson, A. (1988). Management of the woman in normal second stage of labour: A review. Midwifery, 4, 77-85.

An Executive Meeting was held at 1300 on March 24, 1990, at Kay Matthews' house. Present were Dana Edge, Pearl Herbert, Kay Matthews, Julie O'Hollaren, Karene Tweedie. Apologies were received from Janet Murphy-Goodridge.

The Alliance meeting at the time of the ARNN meeting was discussed and the suggestion made for Ann Power to be the guest speaker on the fetal biophysical profile.

The May meeting would be on the use of prostaglandins. Nurses "topping up" epidurals was also suggested for a future meeting.

The need for a Newsletter to contact the membership was discussed. It was agreed that a smaller, less detailed, more frequently distributed newsletter would be more beneficial.

A new list of members was needed. There were only five members for the 1989-1990 year. A general membership list and a list of institutions, agencies, associations to which newsletters could be sent would be compiled.

A General Meeting was held at Kay Matthews' house on May 2, 1990. Fourteen persons were present. Cathy Wyse was present as she had just returned from Halifax. She agreed to assume the President's position after the Fall workshop. By the end of the meeting there were 11 paid-up members for 1989-1990.

Pearl Herbert led the literature discussion on prostaglandins, and a video film produced by Upjohn International outlining the use and administration of prepidil was shown. In January 1990 the Canadian Food and Drug division approved the insertion of prepidil intracervically - the only route and the only preparation to be used. Following discussion it was agreed that the administration of prostaglandins at this time should not be a nursing function.

A General Meeting was held at ARNN House on June 4, 1990. Eight people attended. The Minutes of the March 24, 1990, meeting omitted to mention that the ARNN had requested that a committee be formed to write a position statement on the nurse's role regarding the administration of prostaglandins. Pearl Herbert chaired the committee comprised of Clare Bessell, Barbara Hawley, Avril Pearcy, and Karene Tweedie. The information had been given to the ARNN and would be discussed at their Fall [Council] Meeting.

Clare Bessell read from the ARNN annual report on the Alliance Fall Workshop, reported on the journal club, and that the midwives association was also a member of the Canadian Confederation of Midwives (CCM), and about the correspondence with COGNN and that input from the perinatal nurses was being sought before any decisions were made regarding membership. It was also reported that Kay Matthews had written about "Caring for Moms and Babies" for the Evening Telegram during National Nurses Week.

The MUN Primary Health Care programme (part of the Outpost Programme) was being offered in the Fall, but the Nurse-Midwives programme was not being offered.

Ann Power, who worked in the fetal assessment unit which opened on September 25, 1989, at the S.A. Grace General Hospital spoke on the biophysical profile. Donna Howell was now also working in this unit.

A General Meeting was held on February 7, 1991, at Janette Georghiou's house. Eleven people were present.

Kay Matthews presented the draft of a letter to be sent to the ARNN regarding centralization of obstetrical services in St. John's and the lack of consideration of the expertise of maternity staff and the care which they were able to provide to mothers and babies, as it was not planned that they would transfer with the services. Kay also presented a letter sent to the ARNN regarding midwifery entry to practice and midwifery as a profession on its own. [A preliminary statement on the status of midwifery in Newfoundland and Labrador had been submitted to the ARNN on October 31, 1986]. The next CCM meeting was in Montreal on March 22, 1991, and there was discussion regarding sponsoring someone to attend. [Pearl attended and was reimbursed $358.00 which included $15.00 for CCM membership (3 members) and $343.00 for travel expenses].

The Fall workshop was discussed.

The Financial Statement showed the balance at January 1, 1991, as $2458.38.

There are no Minutes of the General Meeting held on April 4, 1991, at Janet Murphy-Goodridge's house when Clare Bessell spoke on NALS.

No Minutes for the General Meeting held on July 23, 1991.

The Executive Meeting was held on October 15, 1991. Present were Clare Bessell, Janette Georghiou, Pearl Herbert, Kay Matthews, Janet Murphy-Goodridge, Cathy Wyse.

The plans for the Fall Workshop were discussed. Pat Brown from Corometrics would provide a fetal monitoring workshop. Kay Matthews would give the keynote address. The estimated cost for the hotel rooms was $2300.00.

An Executive Meeting was held on October 22, 1991, and was attended by Clare Bessell, Janette Georghiou, Karen Olsson, Cathy Wyse. Apologies were received from Pearl Herbert, Kay Matthews, Janet Murphy-Goodridge, Cathy Royle.

The Fall Workshop was discussed. A new membership list would be started. The membership fee would be $10.00, and this would include a Newsletter.

Clare Bessell was going to copy the article in the Evening Telegram about Chris Decker's comments on midwifery. This could be placed in the next Newsletter.

A further meeting was to be held on October 29, 1991, at Kay Matthews' house, but there are no Minutes for this meeting.

The Fall Workshop was held at the Radisson Hotel, St. John's, on October 31 and November 1, 1991. The participants were welcomed by Goldie White, the ARNN President. Kay Matthews gave the keynote address "Midwifery and Nursing - Looking to the Future". There were a variety of presentations and concurrent with these was a fetal monitoring workshop ably conducted by Patricia Brown of Corometrics.

The are no Minutes for the General Meeting held in December 1991, at the ARNN House.

In January 1992 the first of a new series of Newsletters was distributed.

A General Meeting was held on February 18, 1992, at Janet Murphy-Goodridge's house, and 20 people attended.

The Fall Workshop was a success and a small financial profit was made. Dana Edge, the Treasurer, gave the financial report. The financial balance for January 1, 1992, was $2407.89.

Pamela Browne gave a talk on reflexology and its uses with pregnant and labouring mothers. The meeting concluded with a review of the video "Water Baby: Experiences of Water Births".

The Annual General Meeting of the Alliance was held on June 1, 1992, at 1700, at the ARNN House, St. John's. Sixteen persons attended. Kay Matthews chaired the meeting and introduced Sarah Kibuka, President of the Uganda National Association of Registered Nurses and Midwives, who was a guest speaker at the ARNN annual meeting.

Dana Edge presented the financial report ending June 1, 1992. There was a balance of $2,837.20. Pearl had attended the CCM annual meeting in Toronto and been given $510.26 for travel expenses. She had also paid the CCM membership fee of $30.00 for six members. The

workshop had provided a credit of about $990.00. Membership fees were still low at $100.00 [although some had been paid the previous October at the workshop].

The Executive members were approved. President: Kay Matthews; Treasurer: Dana Edge; Secretary: Karene Tweedie; Newsletter Editor: Pearl Herbert; Publicity Officer: Janet Murphy-Goodridge. Karene Tweedie had resigned as secretary in December 1990 because she left the province, but the position had remained unfilled and now that she had returned she agreed to resume the position. Julie O'Hollaren had left the province the previous winter.

Pearl Herbert and Dana Edge briefly updated those present on the progress of the ARNN Ad Hoc Committee on Midwifery. The International Confederation of Midwives (ICM) congress was being held in Vancouver in 1993. Kay Matthews suggested that the Alliance might sponsor a midwife from Nigeria to attend the congress and this was approved. The Canadian Confederation of Midwives annual meeting would be held in Vancouver at the same time as the ICM. The co-ordinator's position for 1993-1995 was due to be held by someone in Newfoundland.

The Fall Workshop would be decided once the details of other workshops, such as at the S.A. Grace General Hospital, were finalized.

Kay Matthews then spoke about her trip to south east Nigeria as a member of a Safe Motherhood Project and her contacts with midwives and birth attendants.

The next meeting was planned for September and would start with a barbecue at Edna McKim's house.

The Alliance Newsletters now contained reports of the Alliance meetings.

There were no minutes of meetings of the Midwives Association being held during the 1988-1992 period. However, the Association was a member of the Canadian Confederation of Midwives (formed in 1987). Ann Lever submitted a report to the CCM Summer 1988 Newsletter. In it she wrote that "Papers are being prepared on midwifery in Newfoundland and Labrador that promise to be up-to-date and define a more encompassing role for midwifery. Cecilia Benoit has done a doctoral paper "Midwives in Passage" which looks at historical and contemporary midwifery in Newfoundland.

In the summer of 1989 Kay Matthews wrote "There are really only a few qualified midwives here in St. John's and we have, as far as I know, no one who calls herself a midwife without formal qualifications. Interestingly, we have been approached by the NAACOG representative in New Brunswick to form a branch here . . . I am not sure what the maternity nurses within the Alliance might want to do. I feel sure we would separate into a separate midwives group if they wanted to join NAACOG".

In 1991 Kay wrote "One discussion topic was 'Midwives Do We Need Them'. Naturally we came to the conclusion that midwives should have roles in the health care system. . . . The Association of Registered Nurses of Newfoundland asked us for comments on the

Alberta Registered Nurses Association brief on Midwifery and the Health Disciplines Act. . . . One point we made was that it was not in the best interests of midwifery to be 'under' nursing. . . . Midwifery has often been in the public eye. I was interviewed by a reporter from the St. John's Sunday Express and . . . a local television news show, Newfoundland Today, about midwifery and the role of the midwife. A group of us . . . are planning to set up a nursing and midwifery clinic to provide support to women and families through pregnancy, labour and the puerperium".

The 1992 report shows that there were seven midwives who were members, and gave a summary of the Alliance meetings and workshop. Kay Matthews was in southern Nigeria at the time of the annual CCM meeting. "For nearly 20 years Kay has provided support to women in labour and last Labour Day, September 1, 1991, the parents of Kay's Babies provided a picnic as a thank you".

Conclusion

The Alliance had survived into the 1990s. Many Minutes of the meetings are missing for the 1988 to 1989 years. (Any past materials would be welcomed). There were changes in the Executive Committee. Kay Matthews was continuing as president until Cathy Wyse returned to St. John's. [Cathy accepted this position in September 1993]. Karene Tweedie became secretary and when she went away on extended leave the position remained vacant until she returned. Dana Edge was treasurer [until March 1993 when she was preparing to leave the province]; Janet Murphy-Goodridge was publicity officer; at the end of 1989 Pearl Herbert became co-editor of the Newsletter until Julie O'Hollaren left the province in the Fall of 1991. It is noted that Members at Large are no longer mentioned.

The Fall workshops were being offered and in 1989 one was held in Corner Brook. An annual general meeting was being held at the time of the ARNN annual meeting. There was no mention of participating in the Health Sciences annual Health Fair. There were regular meetings and attendance was good at the "journal clubs".

During these years the membership fees varied from $10.00 for all except $5.00 for students in 1987; to $15.00 (which included the $5.00 towards the CCM membership fee) for midwives, $10.00 for others, $5.00 for full-time students in 1988, 1989, 1990. No fees in 1991. $10.00 for everyone in 1992 and 1993 to encourage membership; to $20.00 for midwives and $15.00 for others in 1994; to $20.00 for midwives, $15.00 for others, and $10.00 for unwaged in 1995. The membership numbers also varied. In 1984 there were 36 members (including 20 midwives); 21 members in 1988; 11 members (7 midwives) in 1989; 11 members in 1990. No record for 1991 (fees paid to CCM for 3 midwives); 29 members (8 midwives) in 1992; 40 members (24 midwives) in 1993; 45 members (25 midwives) in 1994.

In these four chapters we have seen how issues have arisen and as we continue into the 1990s many of these still exist. For example: How to get more members; how to increase attendance at meetings; should the Alliance join NAACOG (AWHONN as it is now); the need for a Constitution and for By-Laws; should the midwives be

a completely separate group with their own funding. Since 1992 there has been an effort to provide four issues a year of the Newsletter, and to provide materials for the three groups (midwives, maternity nurses, neonatal nurses) in the Alliance. There has been discussion over the years as to whether or not Newsletters should be sent to agencies and non-members. In February 1993 it was agreed that the Newsletter would only be sent to Alliance members.

The need to look at the past history of the Alliance arose from the March 1994 Alliance meeting. Hopefully this enables newer members to know how the Alliance has evolved. Reports of meetings from 1992 onwards can be read in the Alliance Newsletter.

Conference Calendar

Up to $500 is available annually to a member, whose Alliance registration fees are paid up-to-date, to help pay the cost of attending a conference which is in keeping with the Alliance objectives of care to women and babies. So that members are aware of the conferences being offered it has been suggested that we list those which may be of interest. Just because a conference is listed does not mean that it necessarily meets the Alliance objectives. (The next money available is for 1996). If you know of any conferences, meetings, etc. which could be of interest to members please forward the information to the editor for inclusion in the Newsletter. For International Conferences the call for Abstracts is usually one year or more before the conference date. (Readers are responsible for checking the information of the conferences listed. As the information comes from a variety of sources the Editor accepts no responsibility for any misinformation).
Note: As from April 16, 1995, when telephoning the U.K. a 1 is needed before the area code number e.g. 959 will become 1959.

1995

April 1-2. "Exploring the Issues: International Conference on Water Birth", London, England. The conference will bring together leading experts from all over the world to evaluate the benefits and potential risks, examine research and share experience, to increase knowledge and understanding of this innovative approach to childbirth.
Cost: £180; unwaged £90. Includes food and reports.
Contact: Administrator, Parkside Communications Ltd., St. Charles Hospital, Exmoor Street, London W10 6DZ, England. (Fax: 081-962-4005). (Accommodation lists will be provided if requested).

April 8. "International Nursing: Women, Health and Development", Vancouver. Keynote speaker: Hon. Christine Stewart, Secretary of State for Latin America and Africa. Sponsored by CNA, CIDA, RNABC.
Cost: $50
Contact: Canadian Nurses Association, International Affairs, 50 The Driveway, Ottawa, ON K1S 1W9 (Fax: 613-237-3520).

April 10-14. "18th Annual Seminar in Women's Health", Dallas, Texas. Sponsored by the Women's Health Care Advanced Nurse Practitioner Program, North Texas Chapter March of Dimes Birth Defects Foundation, and The Center for Health Training. For nurse practitioners, midwives, and others involved in the delivery of primary care to women. In-depth presentations on clinical practice, research, professional role issues.
Contact: Cynthia Allen (telephone: 214-905-2131).

April 14-28. "Traditional Chinese Medicine". Fourth Annual tour to China. Includes observing acupuncture analgesia, acupuncture training (beginner to advanced levels), own health assessed and treatment received, sight seeing and cultural experiences. At Hangzhou Hospital for Traditional Chinese Medicine (Acupuncture Dept.), Hangzhou.
Cost: $3470 for airfare, meals, accommodation, transportation, site seeing and clinical experience with TCM doctors and translators.
Contact: Continuing Education Nursing and Health, Vancouver Community College, King Edward West Campus, 691 East Broadway, Vancouver, BC, V5T 1X7. (Telephone: 604-874-9923).

April 19-22. "Obstetric Nursing 12th Annual National Conference" and preconference of "Medical Complications in Pregnancy", Boston, Mass.
Contact: Contemporary Forums, 11900 Silvergate Drive, Suite A, Dublin, CA 94568 (Telephone: 510-828-7100 ext. 3)

April 22-26. "Lactation Consultant Exam Preparation Course", Buffalo, NY (Lact-Ed Inc.)
Contact: Alison Hazelbaker. Telephone: 614-459-6313.

April 26-27. "Third Annual Symposium on Perinatal Medicine and Nursing", League City, Texas
Contact: Department of OB/GYN, University of Texas Medical Branch, Galveston, Texas 77555-5033. (Telephone: 409-772-0994)

April 26-29. "The Child with Special Needs - Issues in Early Development: Birth to Five Years", San Francisco.
Contact: Contemporary Forums, 11900 Silvergate Drive, Suite A, Dublin, CA 94568 (Telephone: 510-828-7100 ext. 3)

April 27-28. "Breastfeeding Seminar for Health Care Professionals", University of Toronto. Includes the basics of breastfeeding, techniques and management, use and abuse of aids and devices, suck training, special situations, early and later problems, family.
Cost: $190.00 (SCS 6558 SEC 02B)
Contact: Anne-Marie Desjardins, School of Continuing Studies, University of Toronto, 158 St. George Street, Toronto, ON M5S 2V8 (Fax: 416-978-6666).

April 28. "Creating Links", St. John's. ARCAUSN annual conference. Abstracts: January 31, 1995.
Contact: Karen Webber, School of Nursing, Memorial University of Newfoundland, St. John's, NF A1B 3V6 (Fax: 709-737-7037)

April 28-29. "The Heart of Pediatrics. Living with Challenges", Rochester, Minnesota.
Cost: $200.00 by April 7, 1995.
Contact: Mayo Continuing Nursing Education Conference Registration, Eisenberg Building, Rm. S-41, 200 First Street SW, Rochester, MN 55905 (Fax: 507-266-6910)

April 30-May 2. "Nursing's Caring Heritage: Pathway to the Future". 17th Annual International Association of Human Caring Conference, Charlotteville, VA. Themes: social, political, cultural, ethical challenges in health care throughout the world, and current and future initiatives to sustain care and compassion in health care.
Contact: Centre for Continuing Nursing Education & Professional Development, Box 147, McKim Hall, Charlotteville, VA 22908.
(Fax: 804-924-2451 Attn: Anne Dakes)

May ? date. "Foreign Trained Midwives pre-certification program". Successful completion qualifies student to take ACNM certification exam.
Contact: Diana Simopietri, Ramsey Clinic, St. Paul, MN (Zip code unknown) (Telephone: 612-221-3820)

May 5. **International Day of the Midwife**

May 5-6. "Perinatal and Women's Health Nurses: Looking Towards Tomorrow". Sixth National COGNN Conference, Montreal. Speakers include Josephine Flaherty, Lucille Rocheleau, David Levine, Celine Goulet. General sessions in French with simultaneous English translation. Research presentations in the language of the presenter's choice. Subjects related to women's health, gynaecology, obstetric, neonatal nursing, education, and administration. May 4 Fetal heart monitoring workshop for instructors. Telephone: Diane Tkalec at 514-340-8277
Cost: $160 AWHONN member; $230 non-member; $100 student before April 21. After April 21 add $20.
Contact: Judith Collinge, Chairperson, COGNN Conference 1995, 4375 Royal Avenue, Montreal, Quebec, H4A 2M7. (Fax: 514-934-4355).

May 8-15. **National Nursing Week.**
Your Family's Health: Nurses Make the Difference.

May ? date. "Diploma in Reproductive Health in Developing Countries", Liverpool, England. A new course for doctors, midwives, nurses.
Contact: Christine J. Piper, Course Convenor, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA, England.
(Fax: 011-44-51-708 8/33).

May 11. "Postpartum Depression. The other birth experience" and May 12. "A day with Jeanne Watson Driscoll", Vancouver.
Cost: May 11 $15; May 12 $89 + $10 lunch, before April 20.
Contact: The B.C. Reproductive Care Program, 207 - 1909 West Broadway, Vancouver, BC V6J 1Z3 (Fax: 604-737-2517).

May 14-17. "Helping Children Cope with Death", London, ON.
Cost: Before February 28 $425+GST; after $508.25+GST.
Contact: Dr. J. Morgan, Kings College, London, ON (Information also from telephone: 519-432-7946)

May 15. **International Day of the Family.**

May 15-19. "Families, Beliefs and Illness: A Model for Clinical Practice", Calgary. A one week externship program.
Contact: Marlene Baier, Administrative Secretary, Family Nursing Unit, Faculty of Nursing, University of Calgary, 2500 University Drive NW, Calgary, AB T2N 1N4. (Fax: 403-284-4803).

May 16-17. "Overcoming Lactation Challenges", Holiday Inn, Yorkdale, Toronto. Carol Hamilton (author of book with same title), parent and infant consultant, University of Toronto.
Cost: $165 prior to the conference; $190 at registration.
Contact: Bernardine Moyles, Staff Education, SA Grace General Hospital, St. John's, NF, for information. Telephone: 709-778-6691 during office hours 8 am to 4 pm.

May 18-19. "Innovations in Nursing Education". Co-sponsored by The Toronto Hospital and The Hospital for Sick Children, Toronto.
Contact: Kathy Martin, Nursing Education Services, The Hospital for Sick Children, 555 University Avenue, Toronto, ON M5G 1X8 (Telephone: 416-813-6190)

May 20-24. "Lactation Consultant Exam Preparation Course", Providence, RI. (Lact-Ed Inc.)
Contact: Alison Hazelbaker. Telephone: 614-459-6313.

May 22-23. "Research Based Nursing Education". Eleventh Annual Nurse Educator Conference of Nursing, St. Louis, MO.
Contact: Irene Kalnins, Director, Nursing Continuing Education, Saint Louis University School of Nursing, 3525 Caroline Street, St. Louis, MO 63104 (Telephone: 314-577-8920).

May 25-27. "Redesigning Perinatal Care: Survival in the 21st Century", Monterey, CA. Speakers include Lisa Myers (NBC News), Celeste Phillips, Carl Hammerschlag. May 27 is for presentations and problem solving sessions. Organized by the Phillips+Fenwick Institute.
Cost: $315 prior to April 14; $335 after April 14.
Contact: Teri Nobbe, Perinatal Conference Series, c/o Hill Rom, P.O. Box 95504, Chicago, IL 60694 (Fax: 812-934-8071).

May 26-28. A weekend with Suzanne Arms, Winnipeg. "Birth and Beyond" on May 26; "Political Organizing" and "Birth and Bonding" on May 27; The Canadian Confederation of Midwives annual general meeting will be held at the same time on May 27.
Cost: $130 + $20 reception - before May 1; afterwards $150 +
Contact: Anessa Maize, 2-487 Telfer Street S, Winnipeg, Manitoba R3G 2Y4

May 27. "Reclaiming Birth. Putting Women and Children First", London, U.K. Featuring four international speakers: Marsden Wagner, Andrea Robertson, Doris Haire, Ann-Marie Widstrom.
Cost: £65 by May 12, 1995.
Contact: Associates in Childbirth Education, P.O. Box 173 Sevenoaks, Kent TN14 5ZT. (Fax: 011-44-1959-524-622).

May 28-31. "Healing Healthcare: Transcending the Psychosocial". Association for the Care of Children's Health 30th Anniversary Annual Conference, Boston, Massachusetts.
Contact: ACCH, Suite 300, 7910 Woodmont Avenue, Bethesda, MD 20814.

May 29. "Reclaiming Birth. Putting Women and Children First", Bristol, U.K.
See May 27 for details.

May 30-June 3. "Child Health 2000. Second World Congress and Exposition", Vancouver. Focus will be on global child health, major children's issues, health care, science and technology.
Contact: Global Child Health Society, #113-990 Beach Avenue, Vancouver, BC, V6E 4M2 (Fax: 604-682-6771)

May 31-June 1. "Partnership for Creating a Quality Health System: Users, Providers, Funders". Twelfth International Society for Quality in Health Care conference, St. John's, NF. A practical partnership approach to the delivery of the full continuum of health services, acute and long term care, community health, with concentration on measures of outcomes and client satisfaction. (The ISQUA official journal is Quality Assurance in Health Care).
Preceded by workshops on May 29-May 30.
Contact: Organizing Secretariat, Beclin Building, 1118 Topsail Road, P.O. Box 8234, St. John's, NF, A1B 3N4. Elaine Dyke, Conference Coordinator. (Telephone: 709-364-7701; Fax: 709-364-6460).

June 2. "Reclaiming Birth. Putting Women and Children First", Edinburgh, U.K. Featuring four international speakers: Marsden Wagner, Andrea Robertson, Doris Haire, Ann-Marie Widstrom.
See May 27 for details.

June 4-6. "Energizing Nursing: Managing Changing Times Optimistically", Corner Brook. ARNN annual general meeting.
Contact: ARNN, 55 Military Road, PO Box 6116, St. John's, NF A1C 5X8. (Fax: 709-753-4940)

June 4-7. "In Tune with the Country", Nashville, TN. Offering more than 100 educational sessions of nuts and bolts, advanced practice and hot topics presentations. Preconference sessions on June 2, 3, 4. (Accommodation prebooking is essential).
Cost: Before May 12: Member $240 US; Non-member $315 US; Full-time student $125 US. After May 12 $265 US; $340 US; $125 US (Annual membership fees: $112 US for Newfoundland)
Contact: AWHONN, 700 14th Street, NW, Suite 600, Washington, DC 20005-2019. (Telephone: 202-662-1616 (0900 to 1630 EST))
Pearl, your editor, has some information.

June 5-6. "Professional Regulation - Society's Business". The Second International Standing Conference on the Regulation of Nursing and Midwifery, London, England.
Contact: Mark Darley, UKCC, 23 Portland Place, London W1N 3AF

June 6-9. "Quality in Nursing: Realities and Visions", Athens. International Confederation of Nursing Congress.
Contact: Canadian Nurses Association, 50 Driveway, Ottawa, ON K2P 1E2 (Fax: 613-237-3520)
Information: C. H. Lemonidou PhD., Faculty of Nursing, University of Athens, Box 14378, Feidippidou 45-47, 115 27, Athens, Greece. (Fax: 301-77-81829)

June 15-17. "Health Care and Culture". The 2nd International and Interdisciplinary Health and Nursing Research Symposium, Morgantown, WV.
Contact: Dr. Janet F. Wang, School of Nursing, West Virginia University, P.O. Box 9610, Morgantown, WV 26506. (Fax: 304-292-6826)

June 18-21. "Putting the 'Public' back into Health". Canadian Public Health Association 86th Annual Conference, Charlottetown, PEI.
Contact: CPHA, 400-1565 Carling Avenue, Ottawa, ON K1Z 8R1 (Fax: 613-725-9826)

June 20-23. "Nursing Scholarship and Practice", Reykjavik, Iceland.
Cost: After February 15 regular $425 US/ student $250 US
Contact: Gudrun Kristjansdottir, Associate Professor, University of Iceland, Dept. of Nursing, Eiriksgotu 34, IS-101 Reykjavik, Iceland (Fax: 354-1-625895 or 354-1-694963)

June 22-23. "Creating Links and Transforming Practice", to examine how clinical practice and/or education can be transformed through research, Toronto, ON. Co-sponsored by CAUSN and Ryerson Polytechnic School of Nursing. Themes of quality of worklife, information systems, women's issues, ethnocultural issues, education/clinical partnerships, ethical issues.
Contact: Chairperson, Program Committee, National Nursing Research Conference, School of Nursing, Ryerson Polytechnic University, 350 Victoria Street, Toronto, ON, M5B 2K3 (phone: 416-979-5300)

June 24-28. "Lactation Consultant Exam Preparation Course", Minneapolis (Lact-Ed Inc.)
Contact: Alison Hazelbaker. Telephone: 614-459-6313.

July 3-28. "Breastfeeding: Practice and Policy" certificate course, London, England. Directors of the course are Felicity Savage and Gabrielle Palmer.
Cost: £1450.00 includes essential reference material and books but does not cover accommodation, meals or transport.
Contact: Continuing Education Office, Institute of Child Health, 30 Guildford Street, London WC1N 1EH, England. (Fax: 011-44-171-831-0488 or 011-44-171-404-2062) (e-mail: cich@uch.bpmf.ac.uk)

July 8-11. "Nurturing the World's Future", Chicago. 14th International Conference of the La Leche League International.
Contact: LLLI Conference, Dept. B, P.O. Box 4079, Schaumburg, Illinois 60168-4079.

July 18-21. Annual Conference and Professional Day. 50th Anniversary of the Royal College of Midwives. Northern Ireland.
Membership fee: £55.00 (includes Midwives). Liability insurance is only available for those working in the NHS.
Contact: RCM, 15 Mansfield Street, London W1M 0BE, England.
(Fax: 0171-436-3951).

July 20-23. "20th National Primary Care Nurse Practitioner Symposium", Keystone, CO. An international track to support the development of primary health care nurse practitioners through sharing of ideas and networking. Themes of areas of practice, professional development, education, research, but not limited to these areas.
Contact: Ellen Lemberg, UCHSC School of Nursing, 4200 E 9th Avenue, Box C 287, Denver, CO 80262. (Fax: 303-270-3198).

July 23 - 27. "Medinfo 8th World Congress on Medical Informatics. Medical information Towards the 21st Century. From Theory to Practice", Vancouver, BC.
Contact: Medinfo 95, Suite 216, 10458 Mayfield Road, Edmonton, AB, T5P 4P4.

August 1-7. **World Breastfeeding Week**
"Breastfeeding: Empowering Women".

September 4-5. "4th UN World Conference on Women", Beijing, China. WABA, IBFAN, Wellstart, are requesting lobbying of national delegates to get breastfeeding issues introduced via governments.
Contact: Madeleine Gilchrist, Beijing Coordinating Committee of Canada, c/o Canadian Research Institute for the Advancement of Women, 151 Slater Street, Suite 408, Ottawa, ON, K1V 9H1.
(Fax: 613-563-0682)

September ? "Caring and Growth". 20th Annual General Meeting of the Aboriginal Nurses Association of Canada. At Village-des-Hurons, (Wendake), Quebec.
Contact: Executive Director, Aboriginal Nurses Association of Canada, 55 Murray Street, 3rd Floor, Ottawa, ON K1N 5M3 (Fax: 613-241-1542)

September 7-9. "Nursing in the New Millennium. Beyond Tomorrow: Building Nursing Skills for the Future", Winnipeg. Innovation in nursing and nursing care delivery.
Abstracts: March 30, 1995.
Contact: Communication Dept., Manitoba Association of Registered Nurses, 647 Broadway, Winnipeg, MN R3C 0X2. (Fax: 204-775-6052).

October 27-28. "7th National Nursing Conference on Violence Against Women", St. Louis, MO. Sponsored by the Nursing Network on Violence Against Women International.
Contact: Sue Dersch, AWARE Program, Barnes Hospital/Nursing Office, One Barnes Hospital Plaza, St. Louis, MO 63110 (Telephone: 314-362-9273)

November 2-3. "Breastfeeding Seminar for Health Care Professionals", University of Toronto. Includes the basics of breastfeeding, techniques and management, use and abuse of aids and devices, suck training, special situations, early and later problems, breastfeeding family.
Cost: $190.00 (SCS 6558 SEC 03C)
Contact: Anne-Marie Desjardins, School of Continuing Studies, University of Toronto, 158 St. George Street, Toronto, ON M5S 2V8 (Fax: 416-978-6666).

November 14-15. "From Hospital to Community: Working Together to Support Breastfeeding", Ottawa, ON. Current trends in maternity and newborn care.
Contact: Janet Bowes, Ottawa-Carlton Health Dept. (Telephone: 613-722-2281)

November 27-29. National Nursing Research Conference jointly sponsored by CAUSN, CNA, CNRG, CNF.
Contact: Canadian Nurses Association, 50 Driveway, Ottawa, ON K2P 1E2 (Fax: 613-237-3520)

December 3-6. "At the Centre of Health Care Reform". An International Community Health Centre Conference, Montreal.
Contact: CHC International Conference, P.O. Box 174, Station B, Montreal, PQ H3B 3J5 (Fax: 514-842-9973).

1996

May 26-31. "The Art and Science of Midwifery gives Birth to a Better Future". The 24th Triennial Congress of the International Confederation of Midwives, Oslo, Norway.
Abstracts: June 1, 1995. Completed papers in by December 1.
Main themes: Reproduction and infant health; Cultural differences in childbirth practice and midwifery; Psychological aspects of childbirth; Psychological aspects of childbirth, women's experiences; Midwifery education, research and leadership.
Cost: Before October 30 - NOK 4000; October 31 to February 28 - NOK 4900; March 1, 1996 onwards - NOK 5900.
(NOK = approx. 22 Cdn. cents)
Contact: Team Congress, P.O. Box 6, N-6860, Sandane, Norway. (Fax: 47-57-866-025).
For questions about the scientific programme contact: Norwegian Association of Midwives, Tollbugt, 35, N-0157, Oslo, Norway. (Fax: 47-2-242-2207).
Accommodation prices: Between NOK 185-1500 depending on category of hotel and if a double or single room. Price includes breakfast.

June 24-27. "Eighth Biennial Conference of the Workgroup of European Nurse Researchers", Stockholm, Sweden.
Contact: Stockholm Convention Bureau, P.O. Box 6911, S-102 39, Stockholm, Sweden. (Fax: 46-834-8441).

October 14-18. "Breastfeeding: Science and Ethics, Theory and Practice", to be held in an Asian country. To look beyond the Innocenti Declaration by evaluating efforts since 1990, to build new commitments and to plan action in favour of breastfeeding. The forum is expected to mobilise, update, train and encourage sharing and networking.
Abstract titles: April 15, 1995, for papers, posters, case studies, workshops, training sessions, other.
Contact: Global Forum on Breastfeeding, c/o WABA Secretariat, P.O. Box 1200, 10850 Penang, Malaysia. (Fax: 60-4-657-2655)

1997

June 15-24. "Sharing the Health Challenge", Vancouver. ICN Congress.
Contact: Canadian Nurses Association, 50 Driveway, Ottawa, ON K2P 1E2 (Fax: 613-237-3520)

Midwifery Coalition of Nova Scotia, Box 33028, Halifax, NS B3L 4T6 Unbleached sweatshirts (80%) cotton; logo; forest green, cinnamon, purple @ $33.00 each. Unbleached T-shirts (100% cotton); logo; same colours, @ $16.00 each. 10 greeting cards/envelopes @ $7.50.+$5 p&p

Newfoundland and Labrador Health Coalition, Linda Ross, Box 18000, OXFAM, St. John's, NF A1C 6C2 (Fax: 709-753-4110) regarding questions or endorsement, preferably in writing, of the attached: 10 Goals for Improving Health Care for Canadians.

10 GOALS FOR IMPROVING HEALTH CARE FOR CANADIANS

1 CREATE good health. We must create conditions for good health. That means we need public policies that make for healthy people: full employment at decent wages, housing, a strong social safety net, food, peace, a clean environment and a safe workplace. Public policies that allow the gap between rich and poor to widen will lead to higher health costs.

2 PRESERVE and strengthen the Canada Health Act, the foundation of medicare. The five principles of medicare must be maintained: universal coverage, accessibility, portability between provinces and territories, comprehensive coverage, and non-profit public administration. The federal government should maintain sufficient cash transfers to the provinces to guarantee access to health services as a right for all Canadians. The federal government should withhold cash transfers to provinces that violate the Canada Health Act.

3 MAKE the health care system democratic, accountable and representative. Let all Canadians participate in health decision making, not just private corporations and unelected boards. Bring everyone - including patients, members of the public, and health care workers - into the reform and evaluation of the health care system. There should be elections for hospital and health care boards. Health care workers should be fully involved in workplace decision making, not just harnessed into "quality management" schemes to cut costs at the expense of appropriate care.

4 PROVIDE a continuum of care from large institutions to the home. This means providing good quality care with appropriate treatment and supports while providing choice of location to the patient. Governments have used the rhetoric of moving to community care to downsize institutional care without actually expanding nonprofit, accountable services in the community. Health care reforms should improve and increase services to seniors and the community.

5 PROTECT our investment in the skills and abilities of our health care workers. Cutting frontline workers means cutting quality of care. We have built up a tremendous resource in the skills and abilities of health care workers. Negotiating employment security agreements enables displaced workers to access comparable jobs in the health care system. Allow health care workers to retain their existing rights by encouraging unionization in emerging health care organizations. With secure employment, workers can participate more freely in the restructuring of the health care system.

6 ENSURE fair wages for all health care providers. The burden of providing health care is being shifted to poorly paid workers in the community and family caregivers in the home, most of whom are women. Health care reform should not rob communities of "good jobs" or contribute to the development of a low wage economy. Wage parity with existing institutional jobs recognizes that fair wages and decent working conditions contribute to quality of care.

7 ELIMINATE profit-making from illness. Public administration of medicare has saved Canadians billions of dollars. The practice of "deinsuring" health services by eliminating them from medicare coverage, the move to user fees, the creation of profit-making health centres - all these changes create a two-tier health care system. There is no room for profit and inequity in health care.

8 REDUCE over-prescribing and make drugs affordable. Drug companies are adding millions to health care costs by driving up prices. We need to repeal the drug patent legislation which prevents competition, and enact law reform that promotes lower drug prices. Controlling overprescribing and drug costs would free up millions for health care services.

9 STOP fee-for-service payments. We should pay health workers on a salaried basis, not the fee-for-service system used by physicians, some health care providers and private labs. Fee-for-service (payment for the number and type of services provided) encourages overbooking, overprescribing, overtreating, and the concentration of physicians in urban areas at the expense of rural areas.

10 EXPAND methods of health care and the role of non-physician health providers. We must develop holistic approaches to health care that expand the role of non-physician health care providers. Nurses, midwives and others can handle many procedures in the full scope of their professions, including areas neglected by the medical profession, such as services for women or cultural communities. More information should be made available to the public so they can make informed decisions and are aware of choices in treatment.

The Canadian Health Coalition has worked since 1979 to preserve medicare in Canada. The coalition membership is made up of groups representing women, senior citizens and health care providers, along with churches, trade unions and anti-poverty groups. We encourage your organization to endorse these goals by contacting the coalition.

Canadian Health Coalition
Coalition canadienne de la santé
2841 Riverside Drive
Ottawa, Ontario K1V 8X7
613-521-3400, Fax 613-521-4655

Resources from the Vanier Institute of the Family

Profiling Canada's Families, 1994, $20. Who lives in Canada's families? What do Canada's families look like? How many women work outside the home? What does the average family spend on food and housing? Who does the housework in families? What's it worth?

If you want answers to these and dozens of other questions about Canada's families, this is the place to find them. ***Profiling Canada's Families*** **is *the* all-around, desktop book of answers on Canada's families. It analyzes the forces affecting Canada's families and the changes they are undergoing. It asks questions about what family is; how, where and with whom Canadians live; how they get by; and what it actually feels like to live in Canadian families. It exposes some remarkable facts and disposes of several persistent misconceptions. Many of its findings have never been previously available.**

An Inventory of Family-Supportive Policies and Programs in Federal, Provincial and Territorial Jurisdictions, **by Terrance Hunsley, 1993, $20. The inventory was compiled by social policy consultant Terrance Hunsley, former head of the Canadian Council on Social Development. It provides information about services and benefits available to families as well as on the policies that underpin those programs. It lists the programs of federal, provincial and territorial governments and how to contact the central offices of these programs.**

***Canada's Changing Families: Challenges to Public Policy*, Maureen Baker, Guest Editor, 1993, $20. For this book, Professor Baker brings together some of Canada's finest family scholars and researchers. Under her direction, they deal with some of the most challenging policy questions of the day. The book includes contributions on trends in family law; work and family; education; responses to families in crisis; family income security; families and health; a proactive approach to family policy; and differing models of family policy.**

***Child Abuse and Neglect Prevention Programs in Canada*, by John Meston, 1993, $12. The author, former head of the Canadian Child Welfare Association, defines child abuse and neglect and looks at the extent of the problem. The book discusses the effects of abuse on children, the roots of abuse, and different approaches to prevention. It then presents program summaries from 46 child abuse and neglect prevention programs from across Canada.**

ORDER FORM

Resources from the Vanier Institute of the Family

Quantity		Unit price*	Total price
	Profiling Canada's Families	$20.00	
	Canada's Changing Families: Challenges to Public Policy, Guest Editor: Maureen Baker	$20.00	
	Inventory of Family-Supportive Policies and Programs in Federal, Provincial and Territorial Jurisdictions, by Terrance Hunsley	$20.00	
	Child Abuse and Neglect Prevention Programs in Canada, by John Meston	$12.00	
		Total	

____ Cheque enclosed ____ Please invoice

Name _____

Address _____

City _____ Province _____ Postal code _____

**All prices include GST and postage. Please make cheques payable to the Vanier Institute of the Family, 120 Holland Ave., Suite 300, Ottawa K1Y 0X6. (613) 722-4007 Fax: 729-5249.*

MEMBERSHIP APPLICATION

Join The Vanier Institute of the Family and receive Transition four times a year

____ I want to join (or renew my membership in) the Vanier Institute of the Family as an:

____ Individual member: $30.00 ____ Organizational member: $65.00 ____ Associate member: $20.00

____ I would like membership in the Institute but payment would be a financial burden.

I want to help the Vanier Institute work on behalf of Canada's families. Enclosed is my tax-creditable contribution of:

☐ $30 ☐ $60 ☐ $100 ☐ $250 ☐ $500 ☐ $_____ other

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Signature: _____

Please mail your contribution to the Vanier Institute of the Family, 120 Holland Ave., Suite 300, Ottawa, Ont. K1Y 0X6.

BREASTFEEDING ALERT!

(Press Release)

Breastfeeding is an indispensable contribution to the economy. Breastfeeding saves money and other costs through reduced maternal and infant morbidity and mortality. Breastfeeding enhances women's complementary roles as both providers of child-care and income. By breastfeeding, women supply infants with all essential nutrients at the lowest possible cost. Nations also save by not using scarce foreign exchange to import artificial feeding products. Breastfeeding is economically and environmentally significant!

Why aren't women being told that ...

- Breastfeeding results in a 27.3% reduction in absenteeism and a 35.7% reduction in health care claims at the workplace (Cohen, 1994).
- In New York, the total cost for hospital treatment of bottle-fed infants for the first four months was 15 times higher than the cost of breastfed infants (IBFAN, 1988).
- In the Philippines, 31% fewer mothers breastfed in 1968 than a decade earlier and this was equivalent to a loss of US$33 million that year (Palmer, 1988).
- Annual national expenditures for infant formula imports in the 1970s in Brazil was 70 million and 50 million in Nigeria (Nurture, 1993).
- For every three million bottle-fed babies, 450 million tons of formula is used. The resulting 70,000 tons of metal in the form of discarded tins is not recycled in the developed countries (Palmer, 1988).
- Breastfeeding averts about six million infant deaths annually (Nurture, 1992).
- Breastfeeding reduces the incidence of breast and ovarian cancers (Kennedy, 1994).
- Breastfeeding contributes directly to reduced maternal mortality from postpartum bleeding and infection and by reduced anaemia (Labbok, 1994).
- The Lactational Amenorrhea Method (LAM) is 98% effective as a family planning method (Labbok, 1994).

... because there are profits to be made from suppressing this information.

WHO GAINS?	**WHO PAYS?**
Baby milk, food and bottle industries	Women
Doctors	Families
Hospitals	Society
Pharmaceutical companies	Governments

International Organization of Consumers Unions (IOCU), La Leche League International (LLLI), Wellstart International, International Baby Food Action Network (IBFAN), and numerous other organisations who are part of the World Alliance for Breastfeeding Action (WABA) *call on governments to include the protection, promotion and support of breastfeeding in the Platform for Action of the UN 4th World Conference on Women.*

For more information, please contact WABA, PO Box 1200, 10850 Penang, Malaysia. Fax: (60-4) 6572655

THE ALLIANCE OF NURSE-MIDWIVES, MATERNITY AND NEONATAL NURSES OF NEWFOUNDLAND AND LABRADOR

APPLICATION FOR MEMBERSHIP
1995

Name: _____
(Print) (Surname) (First Name)

Nursing Qualifications: _____

Full Address: _____

_____

Postal code: _____

Telephone No. _____ Fax No. _____

Work Address: _____

_____

Nursing area where working: _____

Retired: _____ Student: _____

Unemployed: _____

I wish to be a member of the Alliance and I enclose a cheque for

$_____. (Cheques made payable to the Alliance)

Membership for midwives is $20.00 (as this includes the Canadian Confederation of Midwives membership fee of $5.00 a midwife which the Alliance has to pay).
Membership for those who are not midwives is $15.00.
Membership for those who are unwaged is $10.00

Signed: _____ Date: _____

Return to: Clare Bessell, (The Alliance Treasurer),
37 Smith Avenue, St. John's, Newfoundland A1C 5E8

Health Canada

News Release

1995-15
March 8, 1995

ESTABLISHMENT OF CENTRES OF EXCELLENCE FOR WOMEN'S HEALTH

OTTAWA - Health Minister Diane Marleau today announced that the site selection process for Centres of Excellence for Women's Health will begin in April with a call for letters of intent to bid.

Madame Marleau indicated the review of submissions and the announcement of successful applicants will be completed during the fall. Up to five Centres will be selected based on their ability to advance the field of women's health.

The Centres of Excellence program will include support for a women's health network that will link researchers, policy makers, health providers and women's organizations at all levels across the country. The policy-oriented Centres will help define the health status of Canadian women and identify key issues requiring research, investigation and action. They will undertake work that traditional research granting bodies might not normally fund, and will also influence the granting processes of those funding sources. The Centres will also provide analysis, advice and information to government and health organizations.

Prospective applicants will be asked to base their submissions on a Women's Health Framework, which will outline key subject areas on which the Centres will be asked to work. This framework will be developed in consultation with representatives of the federal government, women's health experts, research bodies and organisations with a special interest in women's health. A national workshop on women's health will be held in Ottawa on April 6 and 7, 1995 to discuss the Women's Health Framework and terms of reference for the Centres.

Madame Marleau voiced her strong personal commitment to women's health and noted that she is developing a women's health strategy in keeping with commitments made in the Red Book, *Creating Opportunity*. She said that such a comprehensive approach is required to address the many women's health issues that now receive inadequate attention. She indicated that the Centres of Excellence and related network will help remedy this deficiency.

-30-

Information:

Également disponible
en français

Bonnie Fox-McIntyre/Monique Renaud-Gagné
Health Canada
(613) 957-1588

Abby Hoffman
Women's Health Bureau, Director
Health Canada
(613) 957-1940